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Fill in this information to identify your case:			
United States Bankruptcy Court for the:			
Northern District of: Illinois (State)			
Case number (if known)	Chapter you are filing under:		
	Chapter 7		
	Chapter 11		
	Chapter 12		Check if this is
	Chapter 13		amended filing

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

About Debtor 1:  About Debtor 2 (Spouse Only in a Join  Lilyana First name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport  Bring your picture identification to your  Suffix (Sr., Jr., II, III)  About Debtor 2 (Spouse Only in a Join  First name  First name  Middle name  Comez  Last name  Suffix (Sr., Jr., II, III)	t Case):
Write the name that is on your government-issued picture identification (for example, your driver's license or passport  Bring your picture  First name  Middle name  Middle name  Last name  Last name	
Write the name that is on your government-issued picture identification (for example, your driver's license or passport  Bring your picture  Widdle name  Middle name  Last name  Last name	
your government-issued picture identification (for example, your driver's license or passport  Bring your picture  Middle name  Middle name  Last name  Last name	
example, your driver's license or passport  Bring your picture    Gomez   Last name   Last	
license or passport  Last name  Last name  Last name	
Bring your picture	
meeting with the trustee.	
2. All other names you	
have used in the last First name First name	
8 years	
Middle name Include your married or  Middle name	
maiden names.  Last name Last name Last name	
First name First name	
Middle name Middle name	
Wilderhalte	
Last name Last name	
3. Only the last 4 digits of your Social XXX - XX- 0271 XXX - XX-	_
Security number or OR OR federal Individual	
Taxpayer 9 xx - xx- Identification number (ITIN) 9 xx - xx-	

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D	ebtor 1 Lilyana First Name	Middle Name Last Name	Case number (if known)
	ot	missionano Escritano	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
Identification Numbers (EIN) you have used in the last		Business name	Business name
	8 years	Business name	Business name
	Include trade names and doing business as names	EIN	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		2719 W St Georges Ct Number Street Apt: 2	Number Street
		00.1	
		Chicago Illinois 60647 City State Zip Code	City State Zip Code
		·	·
		Cook County	County
		If your mailing address is different from the one	If Debtor 2's mailing address is different from yours,
		above, fill it in here. Note that the court will send any	fill it in here. Note that the court will send any notices to
		notices to you at this mailing address.	this mailing address.
		Number Street	Number Street
		City State Zip Code	City State Zip Code
6.	Why you are choosing this district	Check one:	Check one:
	to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)
		-	

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Debtor 1			Gomez		Case number (if kno	wn)
F	First Name	Middle Name	Last Name			
Part 2:	Tell the Court Abo	ut Your Bankrupto	y Case			
Bankı	hapter of the ruptcy Code you hoosing to file		rief description of eac 32010)). Also, go to the			C. § 342(b) for Individuals Filing for opriate box.
8. How y	you will pay the	more details ab cashier's check may pay with a  I need to pay the landividuals to F  I request that injudge may, but the official powyou choose this	cout how you may pa cout how you may pa country order. If you credit card or check the fee in installment Pay Your Filing Fee in my fee be waived () is not required to, we erty line that applies	ay. Typically, if you attorney is so with a pre-printer with a pre-printer att. If you choose in Installments (Of you may request vaive your fee, and to your family sill out the Application.	ou are paying the submitting your ed address. this option, sig fficial Form 103 this option only d may do so onl ze and you are u	the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney in and attach the <i>Application for</i> A).  If you are filing for Chapter 7. By law, a y if your income is less than 150% of inable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official)
bankı	you filed for ruptcy within the years?	✓ No.  Yes. District  District  District		When When When	MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY	Case number  Case number  Case number
cases being spous filing you, c	ny bankruptcy s pending or filed by a se who is not this case with or by a business er, or by an te?	✓ No.  Yes. Debtor District Debtor District		<u>W</u> hen <u>W</u> hen	MM / DD / YYYY	Relationship to you  Case number, if known  Relationship to you  Case number, if known
11. Do yo reside	ou rent your ence?	✓ No. 0	andlord obtained an e	About an Eviction		ot You (Form 101A) and file it with

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Debtor 1 Lilyana Gomez Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? Ⅵ I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Lilyana Gomez Case number (if known)

#### First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for

waiver of credit counseling with the court.

waiver of credit counseling with the court.

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Debtor 1 Lilyana	Middle Name	Gomez	Case number (if know	vn)
Part 6: Answer These Que	estions for Reporting	Last Name  Purposes		
16. What kind of debts do you have?	16a. Are your debt  "incurred by ar  No. Go to  Yes. Go to  16b. Are your debt  money for a bu  No. Go to  Yes. Go to  Yes. Go to	s primarily consumer on individual primarily for line 16b. Iline 17. s primarily business de usiness or investment or line 16c. Iline 17.	a personal, family, or house	ots that you incurred to obtain be business or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing un expenses ar			operty is excluded and administrative red creditors?
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	<u> </u>	000-5,000 001-10,000 0,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,0 \$100,001-\$500 \$500,001-\$1 mi	000	,000,001-\$10 million 0,000,001-\$50 million 50,000,001-\$100 million 00,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?  Part 7: Sign Below	\$0-\$50,000 \$50,001-\$100,0 \$100,001-\$500 \$500,001-\$1 mi	000	,000,001-\$10 million 0,000,001-\$50 million 50,000,001-\$100 million 00,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign below	I have evenined this	potition and I doclare	under penalty of perium that	the information provided in true and
For you	correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, of title 11, United States Code. I understand the relief available under each chapter, and I choose to proce under Chapter 7.			
			ay or agree to pay someone to I the notice required by 11 U	who is not an attorney to help me fill I.S.C. § 342(b).
				Code, specified in this petition.
	connection with a ba		It in fines up to \$250,000, o	g money or property by fraud in r imprisonment for up to 20 years, or
	/s/ Lilyana Gor	nez	×	
	Signature of Debt		Signature of	Debtor 2
	Executed on _	7/24/2018 MM / DD / YYYY	Executed of	on

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Debtor 1 Lilyana First Name	Middle Name	Gomez Last Name	Case number (if	known)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed und	ler Chapter 7, 11, 12, d	or 13 of title 11, Unite	nave informed the debtor(s) about d States Code, and have explained the also certify that I have delivered to the
If you are not		•		which § 707(b)(4)(D) applies, certify that I
represented by an	. ,			lules filed with the petition is incorrect.
attorney, you do not	nave no knowledge arter	arringany that the im	orriadion in the soried	idios med with the petition is mooneot.
need to file this page.	/s/ Mike Miller		Date	7/24/2018
. 0	Signature of Attorney for	or Debtor		IM / DD / YYYY
	eighaidhe ei 7 meilleg n	J. 20510.		
	Mike Miller			
	Printed name			
	Semrad Law Firm			
	Firm name			
	20 S. Clark Street			
	Street			
	28th Floor			
	201111001			
	Chicago		Illinois	60603
	City		State	Zip Code
	Contact phone	3122568728	Email address	mmiller@semradlaw.com
			<del>-</del>	
	Bar number		State	

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Fill in this information to identify your case:						
Debtor 1	Lilyana		Gomez			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the:	Northern	District of Illinois			
			(State)			
Case number (If known)						

Check if this is an
 amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	\$0.00
1a. Copy line 55, Total real estate, from Schedule A/B	\$1,051.00
1b. Copy line 62, Total personal property, from Schedule A/B	
1c. Copy line 63, Total of all property on Schedule A/B	\$1,051.00
Part 2: Summarize Your Liabilities	
	<b>Your liabilities</b> Amount you owe
. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	Ф0.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.00
. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$8,429.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$6,429.00
Your total liabilities	\$8,429.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$1,785.03
Copy your combined monthly income from line 12 of <i>Schedule I</i>	
5. Schedule J: Your Expenses (Official Form 106J)	

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Deb	tor 1 Lilyana		Gomez	Case number (if kn	own)				
	First Name	Middle Name	Last Name		_	_			
Part	4: Answer These Ques	tions for Administrat	ive and Statistical Record	S					
6. <b>A</b>	re you filing for bankruptcy	under Chapters 7, 11, o	r 13?						
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.								
Ŀ	✓ Yes.								
7. <b>W</b>	7. What kind of debt do you have?								
Ŀ	Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.								
	Your debts are not prima this form to the court with		ou have nothing to report on this	part of the form. Check	this box and subr	nit			
	From the Statement of Your Form 122A-1 Line 11; <b>OR</b> , Fo	_	e: Copy your total current montlorm 122C-1 Line 14.	nly income from Official		\$2,010.22			
9.	Copy the following special	categories of claims fro	om Part 4, line 6 of Schedule E	:/F:					
	From Part 4 on Schedule E	F, copy the following:		Total c	laim				
	9a. Domestic support obligati	ons (Copy line 6a.)		\$0.00					
	9b. Taxes and certain other d	ebts you owe the govern	ment. (Copy line 6b.)	\$0.00					
	9c. Claims for death or person	nal injury while you were i	intoxicated. (Copy line 6c.)	\$0.00					
	9d. Student loans. (Copy line	6f.)		\$0.00					
	9e. Obligations arising out of a separation agreement or divorce the		or divorce that you did not report	that you did not report as \$0.00					
	priority claims. (Copy line 6g.)			\$0.00					
	9f. Debts to pension or profit-	sharing plans, and other	similar debts. (Copy line 6h.)						
	9g. <b>Total.</b> Add lines 9a throu	gh 9f.		\$0.00					

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Fill in this	information to identify your	case:					
Debtor 1	Lilyana			Gomez			
Debtor 2	First Name	Middle Na	ame	Last Name			
(Spouse, if fi	ling) First Name	Middle Na	ame	Last Name			
United Sta	ates Bankruptcy Court for the:	Northern		District of Illinois			
Case num	nber			(State)			
Officia	al Form 106A/B						Check if this is an amended filing
Sche	dule A/B: Prope	erty					12/1
category v responsibl write your	where you think it fits best. le for supplying correct info name and case number (if	Be as complete ar rmation. If more sp known). Answer ev	nd accura pace is ne very ques	et only once. If an asset fits in mo ate as possible. If two married per eeded, attach a separate sheet to tion. her Real Estate You Own or l	ople are o this fo	filing together, both a rm. On the top of any a	re equally
1. Do you		quitable interest in	n any res	idence, building, land, or similar	propert	γ?	
	No. Go to Part 2  Yes. Where is the property?						
1.1	Street address, if available, or	other description	Sing	the property? Check all that apply. le-family home lex or multi-unit building		the amount of any secu	claims or exemptions. Put red claims on Schedule D: tims Secured by Property.
			Con Man	dominium or cooperative ufactured or mobile home		Current value of the entire property?	Current value of the portion you own?
	Number Street  City State	Zip Code		stment property eshare		Describe the nature o interest (such as fee s the entireties, or a life	simple, tenancy by
			one.  Debt  Debt	s an interest in the property? Che tor 1 only tor 2 only tor 1 and Debtor 2 only	eck	Check if this is co (see instructions)	mmunity property
			Other in	ast one of the debtors and another  Iformation you wish to add about  If identification number:	this ite	m, such as local	
If you	own or have more than one,	list here:				D. and ded at a consider	diament D
1.2	Street address, if available, or	other description	Sing Dupl Cond	the property? Check all that apply. le-family home lex or multi-unit building dominium or cooperative ufactured or mobile home		the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D: itims Secured by Property.</i> Current value of the portion you own?
	Number Street  City State	Zip Code		stment property eshare		Describe the nature o interest (such as fee s the entireties, or a life	simple, tenancy by
			one.  Debt  Debt  Debt  At lea	tor 1 only tor 2 only tor 1 and Debtor 2 only ast one of the debtors and another		(see instructions)	ommunity property

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Debtor 1			Case number (if known)
	First Name Midd	dle Name Last Name	
	et address, if available, or other descri	what is the property? Check all that apply iption  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Describe the nature of your ownership interest (such as fee simple, tenancy by
City	State Zip Cod	Who has an interest in the property? Ch Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about property identification number:	check one.  Check if this is community property (see instructions)
	the dollar value of the portion you ve attached for Part 1. Write that	own for all of your entries from Part 1, including number here▶	any entries for pages
<b>Do you ow</b> you own tl	hat someone else drives. If you lease ins, trucks, tractors, sport utility vehicle	e interest in any vehicles, whether they are regis a vehicle, also report it on Schedule G: Executory Co les, motorcycles	
3.1	Make Model: Year:	Who has an interest in the property one.  Debtor 1 only	? Check Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
	Approximate mileage:  Other information:	Debtor 2 only Debtor 1 and Debtor 2 only  At least one of the debtors and and Check if this is community prop instructions)	
3.2	Make Model: Year: Approximate mileage: Other information:	Who has an interest in the property one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and	the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own?
		Check if this is community prop	

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	Lilyana First Name	Middle Name	Gomez Last Name	Case numbe		
3.3	Make Model: Year: Approximate mileage: Other information:		Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is communinstructions)	nly rs and another	the amount of any secu	claims or exemptions. Pured claims on Schedule Laims Secured by Property.  Current value of the portion you own?
3.4	Make Model: Year: Approximate mileage: Other information:	<u></u>	Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or		the amount of any secu	claims or exemptions. Pured claims on Schedule Laims Secured by Property.  Current value of the portion you own?
			At least one of the debtor  Check if this is communinstructions)			
		•	er recreational vehicles, other , fishing vessels, snowmobiles, l	•		
Exa	mples: Boats, trailers, motors	•		motorcycle accessori property? Check nly rs and another	Do not deduct secured the amount of any secu	claims or exemptions. Pu ired claims on <i>Schedule L</i> aims Secured by Property. Current value of the portion you own?

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Debtor 1 Lilyana Gomez Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Misc Furniture \$150.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Misc Electronics-TV. Tablet & Cellphone \$500.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothes** \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Used Jewelry \$100.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1050.00 for Part 3. Write that number here ......

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Debtor 1 Lilyana Gomez Case number (if known) First Name Middle Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: Green Dot Pre-Paid Debit Card \$1.00 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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Deb	tor 1 Lilyana First Name	Middle Name	Last Name	Case number (if known)	
20.	Government and corp Negotiable instruments	orate bonds and other negotial include personal checks, cashiers' ents are those you cannot transfer	ole and non-negotiable checks, promissory no	tes, and money orders.	
	✓ No  Yes. Give specific information about them	Issuer name:			
21.	Retirement or pension		thrift eavings accounts	s, or other pension or profit-sharing plans	
	No	ia, Lilioa, Reogli, 401(k), 403(b)	, tillit savings accounts	s, or other pension or profit-straining plans	
	Yes. List each	Type of account:	Institution name:		
	account separately.	401(k) or similar plan:			
	, ,	Pension plan:			
		IRA:			
		Retirement account:			
		Keogh:			
		Additional account:			
		Additional account:			
22.		prepayments d deposits you have made so that with landlords, prepaid rent, public			
	Yes	Electric:			
		Gas:			
		Heating oil:			
		Security deposit on rental unit:			
		Prepaid rent:			
		Telephone:			
		Water:			
		Rented furniture:			
		Other:			
23.	Annuities (A contract for	or a periodic payment of money to	you, either for life or for	r a number of years)	
	✓ No ☐ Yes	Issuer name and description:			

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Debt	or 1 Lilyana			Case number (if known)	
24.	First Name Interests in an educa	Middle Nan tion IRA, in an accou		or under a qualified state tuition program.	
	26 U.S.C. §§ 530(b)(1)	, 529A(b), and 529(b)(	(1).		
	✓ No Institution Yes	on name and description	on. Separately file the records of any	v interests.11 U.S.C. § 521(c):	
25.	Trusts, equitable or for exercisable for your b		perty (other than anything listed	in line 1), and rights or powers	
	✓ No  Yes. Describe				
	Tes. Describe				
26.			crets, and other intellectual pro		
	- Na	nain names, websites,	proceeds from royalties and licensi	ng agreements	
	Yes. Describe				
27.	Licenses, franchises, Examples: Building per	-	_	liquor licenses, professional licenses	
	✓ No				
	Yes. Describe				
Mon	ney or property owe	d to you?			Current value of the
IVIOI	iey or broberty owe	u to you:			
		·			portion you own? Do not deduct secured
	Tax refunds owed to y				portion you own?
	<b>✓</b> No	ou		Endoral	portion you own? Do not deduct secured claims or exemptions.
	No Yes. Give specific in about them, in	ou nformation ncluding whether		Federal:	portion you own? Do not deduct secured claims or exemptions.
	No Yes. Give specific in	ou  Iformation Including whether Including wheth		State:	portion you own? Do not deduct secured claims or exemptions.  \$0.00
28.	Yes. Give specific in about them, in you already file and the tax ye	ou  Iformation Including whether If the returns If		State: Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Yes. Give specific in about them, in you already fill and the tax yes  Family support  Examples: Past due or le	ou  Iformation Including whether If the returns If	ousal support, child support, maint	State:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	No Yes. Give specific in about them, in you already fill and the tax yes  Family support  Examples: Past due or lu	ou  Information Including whether Including whet	ousal support, child support, maint	State: Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Yes. Give specific in about them, in you already fill and the tax yes  Family support  Examples: Past due or le	ou  Information Including whether Including whet	ousal support, child support, maint	State:  Local: enance, divorce settlement, property settlement	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	No Yes. Give specific in about them, in you already fill and the tax yes  Family support  Examples: Past due or lu	ou  Information Including whether Including whet	ousal support, child support, maint	State:  Local: enance, divorce settlement, property settlement Alimony:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t  \$0.00
28.	No Yes. Give specific in about them, in you already fill and the tax yes  Family support  Examples: Past due or lu	ou  Information Including whether Including whet	ousal support, child support, maint	State: Local: enance, divorce settlement, property settlement Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  \$0.00  t  \$0.00
28.	✓ No  Yes. Give specific in about them, in you already fill and the tax yes  Family support  Examples: Past due or lu  ✓ No  Yes. Give specific in	ou  Information Including whether Including whet	ousal support, child support, maint	State: Local: enance, divorce settlement, property settlement Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00 \$0.00
28.	No Yes. Give specific in about them, in you already fill and the tax yes  Family support  Examples: Past due or lu  Yes. Give specific in  Other amounts someon  Examples: Unpaid wage	ou  Information Including whether Including whet	payments, disability benefits, sick p	State: Local: enance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	✓ No  Yes. Give specific in about them, in you already fill and the tax yes  Family support  Examples: Past due or low  No  Yes. Give specific in  Other amounts someone Examples: Unpaid wage Social Security	ou  Information Including whether Including whet		State: Local: enance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	✓ No  Yes. Give specific in about them, in you already fill and the tax yes  Family support  Examples: Past due or lu  ✓ No  Yes. Give specific in  Other amounts someone Examples: Unpaid wage Social Security	ou  Information Including whether Including whet	payments, disability benefits, sick p	State: Local: enance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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Deb	tor 1 Lilyana		Gomez	Case number (if known)	
	First Name	Middle Name	Last Name		
31.	Interests in insurance p Examples: Health, disabilit		alth savings account (HSA); credit, h	omeowner's, or renter's insurance	
	Yes. Name the insura of each policy and list		Company name:	Beneficiary:	Surrender or refund value:
32.	Any interest in property If you are the beneficiary of property because someon	of a living trust, expect	someone who has died proceeds from a life insurance policy	y, or are currently entitled to receive	
	Yes. Describe				
33.			you have filed a lawsuit or made urance claims, or rights to sue	a demand for payment	
34.	Other contingent and ut to set off claims	 nliquidated claims of	every nature, including counterc	claims of the debtor and rights	
	✓ No Yes. Describe				
35.	Any financial assets you	did not already list			
	Yes. Describe				
36.		•	n Part 4, including any entries fo		\$1.00
Part	5: Describe Any Bus	siness-Related Pro	perty You Own or Have an Ir	nterest In. List any real estate in Part	1.
37.			terest in any business-related pro		
	No. Go to Part 6. Yes. Go to line 38.			Cu po Do	rrent value of the rtion you own? o not deduct secured claims exemptions
38.	Accounts receivable or	commissions you alro	eady earned	OI.	exemptions
	Yes. Describe				
39.	Office equipment, furnis Examples: Business-relate		e, modems, printers, copiers, fax ma	achines, rugs, telephones, desks, chairs, electro	onic devices
	✓ No Yes. Describe				

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Deb	tor 1 Lilyana	Gomez	Case number (if known)	
ı	First Name	Middle Name Last Name		
40.	Machinery, fixtures, equipm	nent, supplies you use in business, and tools of your trac	de	
	<b>✓</b> No			
	Yes. Describe			
41.	Inventory			
	<b>✓</b> No			
	Yes. Describe			
	Too. Describe			
42.	Interests in partnerships or	joint ventures		
	✓ No			
		Name of entity:	% of ownership:	
	Yes. Give specific information about			
	them			
12	Customor lists mailing lists	or other compilations		
43.	Customer lists, mailing lists,	or other compliations		
	<b>✓</b> No			
	Yes. Do your lists include	e personally identifiable information (as defined in 11 U.S.C. $\S$	§ 101(41A))?	
	— No			
	No No			
	Yes. Describe			
44	Any business-related prope	erty you did not already list		
		rty you are not all oday not		
	<b>✓</b> No			<u> </u>
	Yes. Give specific			
	information			<del>-</del>
45 A	dd the dollar value of all of v	our entries from Part 5, including any entries for pages	you have attached	
		e		
<u> </u>				
Part	1 6: Describe Any Farm-	and Commercial Fishing-Related Property You	Own or Have an Interest In.	
	If you own or have an interes	st in farmland, list it in Part 1.		
46.	Do you own or have any leg	gal or equitable interest in any farm- or commercial fish	ing-related property?	
	No. Go to Part 7.			Current value of the
	Yes. Go to line 47.			oortion you own? Oo not deduct secured claims
	163. 40 to line 47.			or exemptions
47	Farm animals			
''.	Examples: Livestock, poultry,	farm-raised fish		
	No No Describe			
	Yes. Describe			

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Deb	tor 1 Lilyana First Name Middle Name	Gomez	Case number (if known)	
40		Last Name		
48.	Crops-either growing or harvested			
	✓ No			
	Yes. Describe			
49.	Farm and fishing equipment, implements, machinery, fixtu	res, and tools of trade		
	_	,		
	Von Peneriha			
	Yes. Describe			
50.	Farm and fishing supplies, chemicals, and feed			
	<b>✓</b> No			
	Yes. Describe			
	_			
51	Any farm- and commercial fishing-related property you did	I not already list		
01.		inot ancady not		
	✓ No			
	Yes. Describe			
52 A	dd the dollar value of all of your entries from Part 6, includi	na any ontrine for nage	os vou bavo attached	
	art 6. Write that number here		=	
<b>&gt;</b>			L	
Part	7: Describe All Property You Own or Have an Inter	est in That You Did	Not List Above	
53.	Do you have other property of any kind you did not already Examples: Season tickets, country club membership	list?		
	✓ No			
	Yes. Give specific information			
				·
E4 A	dd the deller velve of all of very entries from Dort 7. Write t	hat w		_
54. A	dd the dollar value of all of your entries from Part 7. Write t	nat number nere		
Part	8: List the Totals of Each Part of this Form			,
55	Part 1: Total real estate, line 2		•	
33.1	art i. Total real estate, line 2			
56.	part 2 total vehicles, line 5		<u> </u>	
57. <b>F</b>	Part 3: Total personal and household items, line 15	\$1050.00		
58 <b>F</b>	Part 4: Total financial assets, line 36	·	<del></del>	
	·	\$1.00	<u> </u>	
59.	Part 5: Total business-related property, line 45		<u> </u>	
60.	Part 6: Total farm- and fishing-related property, line 52			
61.	Part 7: Total other property not listed, line 54			
62	Total personal property. Add lines 56 through 61			
J	p	\$1051.00	Copy personal property total	+ \$1051.00
60.	Catal of all managers on Cahadula A/D. Add Eng. FF v. P. v. CO.			\$1051.00
ບວ. <b>I</b>	otal of all property on Schedule A/B. Add line 55 + line 62			

is information to identify your case:			
1 <u>Lilyana</u> First Name	Middle Name	Gomez Last Name	
2	Middle Name	Last Name	
States Bankruptcy Court for the: North	nem D		
ımber		(State)	
cial Form 106C			Check if this is an amended filing
edule C: The Property	You Claim a	s Exempt	04/16
ation. Using the property you listed npt. If more space is needed, fill on all pages, write your name and catch item of property you claim as specific dollar amount as exemount of any applicable statutory	ed on Schedule A/B: ut and attach to this ase number (if known exempt, you must supt. Alternatively, you limit. Some exempt	Property (Official Form 106A/B) as your page as many copies of Part 2: Addition (1).  specify the amount of the exemption your may claim the full fair market value tions—such as those for health aids, r	rou claim. One way of doing so is to of the property being exempted up to ights to receive certain benefits, and
a law that limits the exemption t	o a particular dollar	amount and the value of the property	•
Identify the Property You Clair	m as Exempt		
nich set of exemptions are you claim You are claiming state and federal You are claiming federal exemption	ing? Check one only, exnonbankruptcy exempons. 11 U.S.C. § 522(b)(	otions. 11 U.S.C. § 522(b)(3) 2)	
	Current value of the portion you own	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
	States Bankruptcy Court for the: North  States Bankruptcy  States	States Bankruptcy Court for the: Northern  Cial Form 106C  Redule C: The Property You Claim a complete and accurate as possible. If two married peopation. Using the property you listed on Schedule A/B: npt. If more space is needed, fill out and attach to this nal pages, write your name and case number (if known the property you claim as exempt, you must a specific dollar amount as exempt. Alternatively, you count of any applicable statutory limit. Some exempt empt retirement funds—may be unlimited in dollar as a law that limits the exemption to a particular dollar are compared to the applicable statutory. Identify the Property You Claim as Exempt  Identify the Property You Claim as Exempt  You are claiming state and federal nonbankruptcy exempt. You are claiming federal exemptions. 11 U.S.C. § 522(b)(are any property you list on Schedule A/B that you claim as exemption you claim as exemption of the property and the portion you current value of the portion you	First Name Middle Name Last Name  States Bankruptcy Court for the: Norther District of Illinois  (State)  District of Illino

Schedule A/B

\$1.00

\$150.00

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

**✓** 

\$1.00

\$150.00

100% of fair market value, up to any

100% of fair market value, up to any

applicable statutory limit

applicable statutory limit

No Yes

Brief

description:

Line from Schedule A/B:

description:

Line from

Schedule A/B:

Brief

Checking account,

**Green Dot Pre-Paid** 

**Debit Card** 

Misc Furniture

06

Are you claiming a homestead exemption of more than \$160,375?

735 ILCS 5/12-1001(b)

735 ILCS 5/12-1001(b)

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Debtor	1 Lilyana			iomez Case number (if kno	own)
	First Name	Midd	dle Name La	ast Name	
Part 2:	Additional Page	•			
line	ef description of the e on Schedule A/B to perty		Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Lin	ef scription:  Misc Electronics- Tablet & Cellphon e from hedule A/B:  07	<u>e</u>	\$500.00	\$500.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Lin	ef scription: Used Clothes e from hedule A/B: 11		\$300.00	\$300.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Lin	ef scription:  Used Jewelry e from		\$100.00	\$100.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

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			g			
Fill in this	s information to identify your c	ase:				
Debtor 1	Lilyana		Gomez			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if	filing) First Name	Middle Name	Last Name			
United S	tates Bankruptcy Court for the:	Northern	District of Illinois			
_			(State)			
Case nui	mber					
, ,						Check if this is an
Offic	ial Form 106D					amended filing
Sche	edule D: Credit	ors Who Ha	ve Claims Secur	ed by Prop	erty	12/15
more spa			le are filing together, both are eq mber the entries, and attach it to			
1. <b>Do</b>	any creditors have claims	secured by your proper	rty?			
<b>~</b>	No. Check this box and sub	mit this form to the court	with your other schedules. You ha	ve nothing else to repo	rt on this form.	
	Yes. Fill in all of the information	on below.				
Part 1:	List All Secured Claims					
for e		editor has a particular claim	rred claim, list the creditor separately, list the other creditors in Part 2. As g to the creditor's name.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any

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ет .	. 11.1.1.6	and a second second						
HIII II	n this inforr	nation to identify your c	ase:					
Deb	tor 1	Lilyana First Name	Middle Name	Gomez				
Deb	tor 0	First Name	Middle Name	Last Name				
	use, if filing)	First Name	Middle Name	Last Name				
Unit	ed States Ba	ankruptcy Court for the:	Northern	District of Illinois (State)				
Case (If knd	e number own)			(=)				
Off	icial Fo	orm 106E/F				Che	eck if this is an	n amended filing
			ditors Who	Have Uns	ecured Claims			12/15
other Form claim the e know	r party to a 106A/B) a is that are intries in th n).	ny executory contracts nd on Schedule G: Exe listed in Schedule D: C le boxes on the left. At	s or unexpired leases that cutory Contracts and Uni Creditors Who Hold Claim	t could result in a clai expired Leases (Offici s Secured by Property	nims and Part 2 for creditors wm. Also list executory contraced Form 106G). Do not include. If more space is needed, cope top of any additional pages,	ts on <i>Sched</i> any credito y the Part y	ule A/B: Prop rs with partia ou need, fill i	perty (Official ally secured it out, number
1.		editors have priority un io to Part 2.	secured claims against y	you?				
2.	listed, iden As much a Continuation	tify what type of claim it s possible, list the claims on Page of Part 1. If mor	is. If a claim has both priori	ity and nonpriority amou rding to the creditor's na particular claim, list the		both priorit	y and nonprio	rity amounts.
						Total claim	Priority amount	Nonpriority amount

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Debto	or 1 Lilyana	Gomez	Case number (if known)	
2021	First Name Middle Name			
Part 2	2: List All of Your NONPRIORITY Unse	ecured Claims		
[ [	Do any creditors have nonpriority unsecured No. You have nothing to report in this par Yes.  List all of your nonpriority unsecured claims in the content of	rt. Submit this form to the	e court with your other schedules.  er of the creditor who holds each claim. If a creditor has more	e than one priority
ŀ			listed, identify what type of claim it is. Do not list claims already in Part 3.If you have more than four priority unsecured claims fill or	ut the Continuation
4 4	City of Chicago - Parking and red Light Tickets			Total claim
4.1	Nonpriority Creditor's Name 121 N. LaSalle Street		Last 4 digits of account number When was the debt incurred? n/a	\$2,000.00
	Number Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
	Chicago Illinois	60602	Unliquidated	
	City State Who incurred the debt? Check one.	Zip Code	Disputed	
	Debtor 1 only		Type of NONPRIORITY unsecured claim:	
	Debtor 2 only		Student loans	
	Debtor 1 and Debtor 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another		Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a commu	nity debt	debts	
	Is the claim subject to offset?	•	Other. SpecifyDL#: G520-5209-1953	
	✓ No			
	Yes			
4.2	CREDITACPT		Last 4 digits of account number 9428	\$5,042.00
	Nonpriority Creditor's Name 25505 W 12 MILE RD		When was the debt incurred? 2/2016	
	Number Street			
			As of the date you file, the claim is: Check all that apply.  Contingent	
	OOLITUELE D. Michigan	40004	Unliquidated	
	SOUTHFIELD Michigan City State	48034 Zip Code	Disputed	
	Who incurred the debt? Check one.  Debtor 1 only		Type of NONPRIORITY unsecured claim:	
	Debtor 2 only		Student loans	
	Debtor 1 and Debtor 2 only		Obligations arising out of a separation agreement or	
	At least one of the debtors and another		divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar	
		nity dobt	debts	
	Is the claim subject to offset?	inty debt	Other. Specify 2018-M1-123289	
	No			
	Yes			
4.3	LVNV FUNDING LLC		Last 4 digits of account number 7188	\$615.00
	Nonpriority Creditor's Name P.O. Box 52815	_	When was the debt incurred? 2/2018	
	Number Street			
	c/o Jeremy T. McCullough Aldridge Pite Haan,	LLP	As of the date you file, the claim is: Check all that apply.  Contingent	
		00055	Unliquidated	
	Atlanta Georgia City State	30355 Zip Code	Disputed	
	Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
	Debtor 1 only		Student loans	
	Debtor 2 only		Obligations arising out of a separation agreement or	
	Debtor 1 and Debtor 2 only		divorce that you did not report as priority claims	
	At least one of the debtors and another		Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim relates to a commu	nity debt	Collections Towards Credit One Bank	
	Is the claim subject to offset?  No		Caro. Openiy	
Offic	ciorm 106E/F	Schedule E/F: Creditor	s Who Have Unsecured Claims	page 2

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Debtor 1 Lilyana Gomez Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** MERCHANTS CREDIT GUIDE \$362.00 4.4 Last 4 digits of account number 1320 Nonpriority Creditor's Name 223 W JACKSON BLVD # 700 When was the debt incurred? 11/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60606 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collecting for ORIGINAL  $\overline{}$ CREDITOR: MEDICAL PAYMENT Is the claim subject to offset? Other. Specify DATA No Yes MIDLAND FUNDING \$410.00 Last 4 digits of account number 9117 Nonpriority Creditor's Name When was the debt incurred? 10/2017 8875 AERO DR STE 200 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated SAN DIEGO California 92123 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

Other. Specify

Collections Towards Comenity

Bank

Check if this claim relates to a community debt

Is the claim subject to offset?

✓ No ✓ Yes

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Debtor 1 Lilyana Gomez Case number (if known) First Name Middle Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. BLITT & GAINES P C Name On which entry in Part 1 or Part 2 did you list the original creditor? 661 GLENN AVE Line 4.2 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured 60090 Wheeling Illinois Last 4 digits of account number 9428 City State Zip Code Comenity Bank On which entry in Part 1 or Part 2 did you list the original creditor? Name Po Box 182124 Line 4.5 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Claims Columbus Ohio 43218 Last 4 digits of account number 9117 City State Zip Code Presence Saints Mary On which entry in Part 1 or Part 2 did you list the original creditor? Name 2233 W Division St Line 4.4 of (Check Part 1: Creditors with Priority Unsecured Claims Street one): Number Part 2: Creditors with Nonpriority Unsecured Chicago Illinois 60622 Last 4 digits of account number 1320 City Zip Code State HARRIS & HARRIS LTD On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1

of (Check

one):

Last 4 digits of account number

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured

Claims

111 W JACKSON BLVD S-400

Illinois

State

60604

Zip Code

Street

Number

CHICAGO

City

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Debtor 1 Lilyana Gomez Case number (if known)

FIRST INAL	ne Middle Name Last Name			
Part 4: Add th	e Amounts for Each Type of Unsecured Claim			
	mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.	for s	tatistical reporting purposes only	y. 28 U.S.C. §159.
			Total claims	
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00	
	6b. Taxes and certain other debts you owe the government	6b.	\$0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00	
	6e. Total. Add lines 6a through 6d.	6e.	\$0.00	
			Total claims	
Total claims from Part 2	6f. Student loans	6f.	\$0.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$8,429.00	
	6j. Total. Add lines 6f through 6i.	6j.	\$8,429.00	

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Debtor 1	Lilyana		Gomez	
	First Name	Middle Name	Last Name	9
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	€
United States E	Sankruptcy Court for the:	Northern	District of Illinois(State)	
Case number (If known)			(State)	<i>'</i>

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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			Do	ocument	Page 29 c	of 65		
Fill in	this infor	mation to identify your c	ase:					
Debto	or 1	Lilyana		Gomez				
		First Name	Middle Name	Last Na	ne			
Debto (Spous	or 2 e, if filing)	First Name	Middle Name	Last Na	me			
Unito	d States B	ankruptcy Court for the:		District of Illin				
Office	u States D	dikiupicy Court for the.	Northern	Sta				
Case (If knov	number vn)							
							Check if this is a	n
О ( (		T 400LL					amended filing	
Off	ıcıaı	Form 106H						
Sch	edul	e H: Your Cod	debtors				12/1	5
Codeb	tors are	people or entities who	are also liable for any de	bts you may hav	/e. Be as compl	ete and accurate as po	ossible. If two married people are	-
filing t	ogether,	both are equally respo	nsible for supplying corre	ect information.	If more space is	s needed, copy the Ado	ditional Page, fill it out, and number	
		ne boxes on the leπ. At r every question.	tach the Additional Pag	e to this page. C	n the top of any	/ Additional Pages, Wri	ite your name and case number (if	
1.	Do you l	have any codebtors? (If	you are filing a joint case,	do not list sither	enouse as a code	htor)		
١.	□ No	•	you are ming a joint case,	do not list eliner :	spouse as a code	:DIOT.)		
	₩ Ye	S						
2.	Within t	he last 8 years, have yo	ou lived in a community p	property state o	territory? (Con	nmunity property states	and territories include Arizona,	
			da, New Mexico, Puerto R	ico, Texas, Washi	ngton, and Wisco	onsin.)		
		o. Go to line 3.	mer spouse, or legal equ	ivalant liva with y	vou at the time?			
		s. Dia your spouse, tort No	Tier spouse, or legal equ	ivalent live with	ou at the time?			
	ř		nity state or territory did	you live?	F	ill in the name and curre	nt address of that person.	
				,			·	
		Name of your spouse, f	ormer spouse, or legal equ	ıivalent				
		Number Street						
		City	State		Zip Code			
3.	In Colum	nn 1, list all of your cod	lebtors. Do not include y	our spouse as a	codebtor if you	r spouse is filing with y	ou. List the person shown in line 2	
	-	-		-	-		Schedule D (Official Form 106D), chedule G to fill out Column 2.	
	Comoda	0 2// (0 moiai i 0 mi 10	out, if or concurred (or		,. <b>3</b> 00 <b>3</b> 0// <b>3</b> 04	2, 001104410 277, 01 0	5/10da/10 d to iiii odt Goldiiiii 2.	
	Column	1: Your codebtor				Column 2: The credito	or to whom you owe the debt	
						Check all schedules tha	t apply:	
3.1	Valentin,	Luis				Schedule D, line	<del>)</del>	
	Name	0710 M Ot O	Ct.					
		2719 W St Georges	ા			Schedule E/F, li	1164.1	

60647

Zip Code

Schedule G, line

Number

Chicago

City

Street

Illinois

State

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Fill in this info	rmation to identify	your case:		-			
	Lilyana First Name	Middle Name	Gomez Last N		_ Che	ck if this is:	
(Spouse, if filing)	First Name	Middle Name	Last N	ame	-   □	An amended filing	
United States B the: Case number (ff known)	ankruptcy Court for	Northern	_ District of Illi (S	nois State)	-   -	expenses as of the folk	post-petition chapter 13 owing date:
,	- 10Cl					MM / DD / YYYY	
	orm 106l						
Schedule	e I: Your In	come					12/15
information ab spouse. If mor number (if kno	oout your spouse. I	•	d your spous	se is not filing	with you, do	not include informa	tion about your
Fill in your information			Debtor 1			Debtor 2	
If you have i attach a sep	nore than one job, arate page with about additional	Employment status	Emplo	yed mployed		Employed  Not Employed	
employers.		Occupation	cleaner				
Include part self-employe	time, seasonal, or ed work.	Employer's name	Scrub Inc			_	
	may include student ker, if it applies.	Employer's address	6033 N M Number Str	ilwaukee Ave reet		Number Street	
			Chicago City	Illinois State	60646 Zip Code	City	State Zip Code
		How long employed there?	8 years 6 r	months			_
Part 2: Give	e Details About M	lonthly Income					
spouse unless If you or your r	you are separated.	he date you file this form e more than one employer, et to this form.	•	information for	all employers fo	·	
		ry, and commissions (befo calculate what the monthly		2. <b>For</b> 1	\$1,540.09	non-filing spouse	_
3. Estimate	and list monthly over	time pay.		3	+ \$0.00		<u> </u>
4. Calculate	e gross income. Add lii	ne 2 + line 3.		4.	\$1,540.09		

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Debtor 1Lilyana First Name	Middle Name Last N		Case number	if	
FIIST Name	Wildlie Name Last is	varre	known) For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here		<b>→</b> 4.	\$1,540.09		
5. List all payroll deductions:			· · · · · · · · · · · · · · · · · · ·		
5a. Tax, Medicare, and Social Sec	curity deductions	5a.	\$248.06		
5b. Mandatory contributions for r	etirement plans	5b.	\$0.00		
5c. Voluntary contributions for re	tirement plans	5c.	\$0.00		
5d. Required repayments of retire	•	5d.	\$0.00		
5e. <b>Insurance</b>		5e.	\$0.00		
5f. Domestic support obligations		5f.	\$0.00		
5g. Union dues		5g.	\$0.00		
5h. Other deductions. Specify:		5h. +	\$0.00 +		
6. Add the payroll deductions. Add lin+5h.			\$248.06		
7. Calculate total monthly take-hom	e pay. Subtract line 6 from line 4.	7.	\$1,292.03		
8. List all other income regularly red	eived:				
8a. Net income from rental prope business, profession, or farm					
Attach a statement for each prop gross receipts, ordinary and nece the total monthly net income.		8a.	\$0.00		
8b. Interest and dividends		8b.	\$0.00		
8c. Family support payments that dependent regularly receive	you, a non-filing spouse, or a				
Include alimony, spousal suppo divorce settlement, and property		8c.	\$0.00		
8d. Unemployment compensation	1	8d.	\$0.00		
8e. Social Security		8e.	\$0.00		
8f. Other government assistance Include cash assistance and the cash assistance that you receive, under the Supplemental Nutrition housing subsidies Specify: Food Assistance Programs Inco	value (if known) of any non- such as food stamps (benefits Assistance Program) or	8f.	\$493.00		
8g. Pension or retirement income	<del></del>	8g.	\$0.00		
8h. Other monthly income. Specif	y:	8h. +	\$0.00 +		
9. Add all other income Add lines 8a	• '-	9.	\$493.00		
10. Calculate monthly income. Add lin Add the entries in line 10 for Debtor		10.	\$1,785.03 +		= \$1,785.03
<ol> <li>State all other regular contributions Include contributions from an unmateriends or relatives.</li> <li>Do not include any amounts already</li> </ol>	rried partner, members of your hous	sehold, your	dependents, your roomm		
Specify:					11. + \$0.00
12. Add the amount in the last colum Write that amount on the <i>Summary</i>					12. \$1,785.03
					Combined monthly income
13. Do you expect an increase or decomposition No.	crease within the year after you f	ile this forn	1?		
Yes. Explain:					

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		Doct	ament rage 32 or 0.	,		
Fill in this infor	mation to identify	your case:				
Debtor 1	Lilyana		Gomez			
	First Name	Middle Name	Last Name	Check if this is:		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	An amended fili	ng	
United States E	Bankruptcy Court f		District of Illinois		howing post-pe the following da	etition chapter 13
Case number	-		(State)	MM / DD / YYY	<del></del>	
Official	Form 10	 3.1		WWW / DB / TTT	•	
	e J: Your					12/15
information. If (if known). Ans Part 1: Des  1. Is this a joi	more space is newer every question cribe Your Hount case? In to line 2  Ones Debtor 2 live		s form. On the top of any addition	al pages, write your n		number
2. Do vou hav	e dependents?	□ No				
	Debtor 1 and	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2 Child Child	Dependent's age 4 years 8 months	Does depen with you? No. Yes. No. Yes.	dent live
3. Do vour exi	penses include					
expenses o	f people other	<b>✓</b> No				
than yourself an dependents	-	Yes				
Part 2: Esti	mate Your Ong	oing Monthly Expenses				
	of a date after the	rour bankruptcy filing date unless bankruptcy is filed. If this is a su			-	
	-	non-cash government assistance uded it on Schedule I: Your Income	-		Y	our expenses
	I or home owners or the ground or lo	hip expenses for your residence. I t. 4.	nclude first mortgage payments and		4.	\$800.00
If not inc	luded in line 4:					
4a. Real e	state taxes				4a	\$0.00
4b. Prope	rty, homeowner's,	or renter's insurance			4b.	\$0.00
4c. Home	maintenance, repa	ir, and upkeep expenses			4c.	\$0.00

4d.

\$0.00

4d. Homeowner's association or condominium dues

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Debtor 1 Lilyana Gomez Case number (if known)
First Name Middle Name Last Name

5. Additional mortgage payments for your residence, such as home equily loans         5.         \$0.00           6. Utilities         5.         \$0.00           6. Discriptions         6.         \$0.00           6. Water, sever, gurbage collection         6.         \$0.00           6. C. Feliphone, cell phone, internet, satellite, and cable services         6.         \$0.00           6. C. Telephone, cell phone, internet, satellite, and cable services         6.         \$0.00           6. Obtring, board, cell phone, internet, satellite, and cable services         7.         \$693.00           7. Food and housekeeping supplies         7.         \$693.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, baundy, and dry cleaning         9.         \$175.00           10. Personal care products and services         11.         \$0.00           11. Medical and dental syenases         11.         \$0.00           12. Transportation, include gas, maintenance, bus or train fave.         12.         \$150.00           15. Intertailment, clubsr, recreation, newspapers, magazines, and books         13.         \$0.00           15. Intertailment, clubsr, recreation, newspapers, magazines, and books         14.         \$0.00           15. Intertailment, clubsr, recreation, newspapers, magazines, and books	First Name	Middle Name	Last Name		
6. Utilities:         6. Electricity, heat, natural gas         6. S. 0.00           6b. Water, sewer, garbage collection         6b. (S. 0.00)           6b. Uther, Specify; Internet         6c. S. 880.00           6b. Uther, Specify; Internet         6d. S. 880.00           6c. Other, Specify; Internet         6d. S. 880.00           7. Food and housekeeping supplies         8. S. 0.00           8. Childcare and children's education costs         8. S. 0.00           9. Clothing, laundry, and dry cleaning         9. \$175.00           10. Personal care products and services         10. \$100.00           11. Medical and dental expenses         11. \$0.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments         12. \$150.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$0.00           14. Charitable contributions and religious donations         15. \$150.00           15. Insurance.         15a         \$0.00           15b. Health insurance         15a         \$0.00           15c. Vehicle insurance deducted from your pay or included in lines 4 or 20.         \$0.00           15c. Vehicle insurance. Specify:         15a         \$0.00           15c. Vehicle insurance. Specify:         17c         \$0.00           15c. Vehicle insurance. S					Your expenses
68. Electricity, heat, natural gas         6a.         \$0.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, natural, satellitie, and cable services         6c.         \$80.00           6d. Other. Specify: Internet         6d.         \$82.00           7. Food and housekeeping supplies         7.         \$893.00           8. Childcare and children's education costs         9.         \$175.00           9. Clothing, laundry, and dry cleaning         9.         \$175.00           10. Personal care products and services         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$150.00           Do not include expenses         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. International, clubs, recreation, newspapers, magazines, and books         15.         \$0.00           15. Life insurance         15.         \$0.00           15. Life insurance         15.         \$0.00	5. Additional mortgage payments	for your residence, such a	as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$80.00           6d. Other, Specify: Internet         7c.         \$693.00           7c. Food and housekeeping supplies         7c.         \$693.00           8c. Childcare and children's education costs         8c.         \$0.00           9c. Ototting, Iaundry, and dry cleaning         9c.         \$175.00           10. Personal care products and services         11c.         \$0.00           11. Medical and dental expenses         11c.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12c.         \$160.00           10. not include are payemised.         13.         \$0.00           14. Charitable contributions and religious donations         13.         \$0.00           15. Insurance.         15c.         \$0.00           15a. Lie insurance deducted from your pay or included in lines 4 or 20.         15c.         \$0.00           15c. Vehicle insurance         15c.         \$0.00           15c. Vehicle insurance         15c.         \$0.00           15c. Vehicle insurance         \$15c.         \$0.00           15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	6. Utilities:				
6c. Telephone, cell phone, Internet, satellite, and cable services   6c.   \$80.00   6d. Other. Specify: Internet   6c.   \$80.00   6d. Other. Specify: Internet   7.   \$809.00   7. Food and housekeeping supplies   7.   \$809.00   7. Food and housekeeping supplies   8.   \$9.00   8. Childicars and children's education costs   9.   \$175.00   9. Clothing, laundry, and dry cleaning   9.   \$175.00   10. Personal care products and services   10.   \$100.00   11. Medical and dental expenses   11.   \$0.00   12. Transportation. Include gas, maintenance, bus or train fare.   12.   \$160.00   13. Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$0.00   14. Charitable contributions and religious donations   14.   \$0.00   15. Insurance.   15a. Life insurance deducted from your pay or included in lines 4 or 20.   15b. Leath insurance   15b.   \$0.00   15b. Leath insurance   15a.   \$0.00   15c. Vehicle insurance specify:   15d.   \$0.00   15c. Vehicle insurance. Specify:   15d.   \$0.00   15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   15c. Vehicle insurance   15d.   \$0.00   15c. Vehicle insurance. Specify:   15d.   \$0.00   15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   15d. Vehicle insurance   15d.   \$0.00   17d. Car payments for Vehicle 2   17b.   \$0.00   17d. Car payments for Vehicle 2   17b.   \$0.00   17d. Other. Specify:   17c. Qarapyments for Vehicle 2   17b.   \$0.00   17d. Other. Specify:   17c. Qarapyments for Vehicle 2   17c.   \$0.00   17d. Other. Specify:   17c. Qarapyments of allowing, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 108).   10.   \$0.00   17d. Other. Specify:   17c. Qarapyments of allowone, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 108).   10.   \$0.00   17d. Other. Specify:   17c. Qarapyments of allowone, maintenance, and support that you did n	6a. Electricity, heat, natural gas			6a.	\$0.00
6d. Other. Specify_Internet         6d         \$82.00           7. Food and housekeeping supplies         7.         \$93.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         10.         \$175.00           10. Personal care products and services         10.         \$100.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$150.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         15.         \$0.00           15. Insurance.         15         \$0.00           15. List insurance         15         \$0.00           15b. Health insurance deducted from your pay or included in lines 4 or 20.         15c         \$0.00           15c. Vehicle insurance. Specify:         15         \$0.00           15. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           \$pecify:         16         \$0.00           17. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           \$pecify:         17a         \$0.00	6b. Water, sewer, garbage collect	ion		6b.	\$0.00
7. Food and housekeeping supplies         7.         \$893.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$175.00           10. Personal care products and services         10.         \$100.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$150.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15s         \$0.00           15. Insurance and ceducted from your pay or included in lines 4 or 20.         \$15c         \$0.00           15c. Vehicle insurance ededucted from your pay or included in lines 4 or 20.         \$0.00         \$0.00           15c. Vehicle insurance. Specify:         15c         \$0.00           15c. Verible insurance.	6c. Telephone, cell phone, Intern	et, satellite, and cable servic	pes	6c.	\$80.00
8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$175.00           10. Personal care products and services         10.         \$100.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments         12.         \$150.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a         \$0.00           15b. Health insurance         15a         \$0.00           15c. Chhicide insurance         15c         \$0.00           15d. Other insurance. Specify:         15c         \$0.00           15d. Other insurance. Specify:         15c         \$0.00           15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           17c. Installment or lease payments:         17a         \$0.00           17a. Car payments for Vehicle 1         17a         \$0.00           17c. Other. Specify:         17c         \$0.00           17c. Other. Specify:         17c         \$0.00	6d. Other. Specify: Internet			6d	\$62.00
9. Clothing, laundry, and dry cleaning         9.         \$175.00           10. Personal care products and services         10.         \$10.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$150.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         156.         \$0.00           15. Insurance.         156.         \$0.00           15. Left insurance deducted from your pay or included in lines 4 or 20.         156.         \$0.00           15. Vehicle insurance.         176.	7. Food and housekeeping supplied	es		7.	\$693.00
10. Personal care products and services       10.       \$10.00         11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$150.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15a. Life insurance       15a       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00             \$0.00	8. Childcare and children's educa	tion costs		8.	\$0.00
11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.       12.       \$15.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15b. Health insurance       15c. Vehicle insurance       15c.       \$0.00         15c. Vehicle insurance. Specify:       15d. Other insurance. Specify:       15d. Other insurance. Specify:       15d. Other insurance. Specify:       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00       \$0.00         17. Installment or lease payments.       17a.       \$0.00         17. Installment or lease payments.       17a.       \$0.00         17b. Car payments for Vehicle 2       17b. Other. Specify:       17c. Oth	9. Clothing, laundry, and dry clear	ning		9.	\$175.00
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$15.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   14.   15.00     14.   Charitable contributions and religious donations   14.   15.00     15.   Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.     15a.   It is insurance   15a.   15a   15a   15a   15a   15a     15b.   Health insurance   15b.   15a   15a   15a   15a   15a     15c.   Vehicle insurance   15c   15a   15a   15a   15a     15c.   Vehicle insurance   15c   15a   15a     15c.   Vehicle insurance   15c   15a   15a   15a	10. Personal care products and se	ervices		10.	\$100.00
Do not included car payments   13.   3.   3.0.00   14.   3.0.00   14.   3.0.00   14.   3.0.00   14.   3.0.00   14.   3.0.00   14.   3.0.00   14.   3.0.00   15.	11. Medical and dental expenses			11.	\$0.00
14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       30.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15b. \$0.00         15b. Health insurance       15b. \$0.00       15b. \$0.00         15c. Vehicle insurance       15c. \$0.00       15c. Vehicle insurance. Specify: \$0.00       15d. \$0.00         15d. Other insurance. Specify: \$0.00       15d. \$0.00       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify: \$0.00       16       \$0.00         17. Installment or lease payments:       16       \$0.00         17. Installment or lease payments:       17a       \$0.00         17b. Car payments for Vehicle 1       17a       \$0.00         17c. Other. Specify: \$0.00       17c       \$0.00         17c. Other. Specify: \$0.00       17c       \$0.00         17c. Other. Specify: \$0.00       17c       \$0.00         18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         20. Mortgages on other property       20a       \$0.00 <td></td> <td>aintenance, bus or train fare</td> <td><del>)</del>.</td> <td>12.</td> <td>\$150.00</td>		aintenance, bus or train fare	<del>)</del> .	12.	\$150.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. So.00 15d. Other insurance. Specify: 15d. So.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15d. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your income (Official Form 106). 18. Your payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property 20a. So.00 20b. Real estate taxes. 20c. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses.	13. Entertainment, clubs, recreati	ion, newspapers, magazin	nes, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15a   \$0.00     15b. Health insurance   15b   \$0.00     15c. Vehicle insurance   15c   \$0.00     15c. Vehicle insurance. Specify:	14. Charitable contributions and r	religious donations		14.	\$0.00
15b		ed from your pay or include	d in lines 4 or 20.		
15c. Vehicle insurance   15c   \$0.00     15d. Other insurance. Specify:	15a. Life insurance			15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance			15b	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify:	15c. Vehicle insurance			15c	\$0.00
Specify:         16           17. Installment or lease payments:         17. Installment or lease payments:           17a. Car payments for Vehicle 1         17a         \$0.00           17b. Car payments for Vehicle 2         17b         \$0.00           17c. Other. Specify:         17c         \$0.00           17d. Other. Specify:         17d         \$0.00           18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).         18.           19. Other payments you make to support others who do not live with you.         \$0.00           Specify:         19.         \$0.00           20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.         20a         \$0.00           20b. Real estate taxes.         20b         \$0.00           20c. Property, homeowner's, or renter's insurance         20c         \$0.00           20d. Maintenance, repair, and upkeep expenses.         20d         \$0.00	15d. Other insurance. Specify:			15d	\$0.00
17.   Installment or lease payments:   17a. Car payments for Vehicle 1	16. Taxes. Do not include taxes ded	ucted from your pay or incl	uded in lines 4 or 20.		
17. Installment or lease payments:       17a. \$0.00         17a. Car payments for Vehicle 1       17b. \$0.00         17b. Car payments for Vehicle 2       17b. \$0.00         17c. Other. Specify:       17c. \$0.00         17d. Other. Specify:       17d. \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       19. \$0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$0.00         20b. Real estate taxes.       20b. \$0.00         20c. Property, homeowner's, or renter's insurance       20c. \$0.00         20d. Maintenance, repair, and upkeep expenses.       20d. \$0.00	Specify:			16	\$0.00
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	17. Installment or lease payments	S:		10	
17c. Other. Specify:				17a	\$0.00
17d. Other. Specify:	17b. Car payments for Vehicle 2			17b	\$0.00
17d. Other. Specify:	17c. Other. Specify:			17c	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d \$0.00  20d. Maintenance, repair, and upkeep expenses.				17d	\$0.00
19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20c \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00				18	\$0.00
Specify:		•	•	10.	
20a. Mortgages on other property20a\$0.0020b. Real estate taxes.20b\$0.0020c. Property, homeowner's, or renter's insurance20c\$0.0020d. Maintenance, repair, and upkeep expenses.20d\$0.00				19.	\$0.00
20b. Real estate taxes.  20b. So.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00	20.Other real property expenses r	not included in lines 4 or !	5 of this form or on Schedule I: Your Income.		<del></del>
20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	20a. Mortgages on other property	у		20a	\$0.00
20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	20b. Real estate taxes.			20b	\$0.00
	20c. Property, homeowner's, or r	renter's insurance		20c	\$0.00
20e. Homeowner's association or condominium dues 20e \$0.00	20d. Maintenance, repair, and up	keep expenses.		20d	\$0.00
	20e. Homeowner's association o	r condominium dues		20e	\$0.00

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22. Calculate your monthly expenses.  22a. Add lines 4 through 21.  \$2,06	\$0.00
22. Calculate your monthly expenses.  22a. Add lines 4 through 21.  \$2,06	\$0.00
22a. Add lines 4 through 21. \$	
22a. Add lines 4 through 21. \$	
	60.00
	\$0.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$2,06	60.00
22c. Add line 22a and 22b. The result is your monthly expenses.	
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a \$1,78	85.03
23b. Copy your monthly expenses from line 22 above. 23b \$2,06	60.00
23c. Subtract your monthly expenses from your monthly income.	74.97)
The result is your monthly net income.	
24. Do you expect an increase or decrease in your expenses within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
mongage payment to increase or decrease because or a modification to the terms of your mongage:	
✓ No	
Yes	
Explain here:	
Explain nere.	

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Debtor 1	Lilyana		Gomez	
	First Name	Middle Name	Last Name	ie
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	ie
United States E	Sankruptcy Court for the:	Northern	District of Illinoi	ois
			(State	te)
Case number (If known)				

#### Official Form 106Dec

#### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Pa	t 1: Sign Below								
	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?								
	<b>☑</b> No								
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).							
	Under penalty of perjury, I declare that I have read the summary	and schedules filed with this declaration and							
	that they are true and correct.								
X	/s/ Lilyana Gomez	×							
	Signature of Debtor 1	Signature of Debtor 2							
	Date 7/24/2018	Date							
	MM/DD/YYYY	MM/DD/YYYY							

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Fill i	n this inf	formation to identify y	our case:					
Deb	tor 1	Lilyana		Gome	Z			
		First Name	Mid	dle Name Last N	ame			
	tor 2 use, if filing	First Name	Mid	dle Name Last N	lame			
Unit	ed States	s Bankruptcy Court for	r the: Northern	District of III	linois			
	e numbe			(5	State)			
(If kno		er						
Of	ficia	l Form 107	•					Check if this is a amended filing
			=		<b>-</b> <i>(</i>		_	
				s for Individuals				04/1
info	rmation	n. If more space is n	eeded, attach a s	o married people are filir separate sheet to this fo				
		known). Answer eve		tura amal Milanua Varri litura	ad Dafawa			
Pari	GI GI	ve Details About 1	our Maritai Sta	tus and Where You Liv	ea Betore			
1.	What	is your current marit	tal status?					
	$\square$ N	Married						
	✓ N	lot married						
2.	During	g the last 3 years, ha	ive you lived anyw	here other than where you	ı live now?			
	<b>√</b> N	lo						
	L.		ces you lived in the	last 3 years. Do not includ	le where you live n	OW.		
	D	Debtor 1:		Dates Debtor 1 lived	Debtor 2:			Dates Debtor 2 lived
				there				there
					Same as	Debtor 1		Same as Debtor 1
	_			— Гиот				From
	N	lumber Street		— From — To	Number Stree	et		From To
	_							
	C	City State	Zip Code	_	City	State	Zip Code	
					Same as	Debtor 1		Same as Debtor 1
				_				_
	N	lumber Street		— From	Number Stree	et		From
	_			То				То
	C	City State	Zip Code	<u> </u>	City	State	Zip Code	
3	Within	the last 8 years did:	you ever live with	a enouse or legal equivale	nt in a community	nronerty stat	e or territory?	ammunity proporty etatoe
J.				a spouse or legal equivale ouisiana, Nevada, New Mexi				mmamiy property states
	<b>✓</b> No	1						
		s. Make sure you fill o	out Schedule H: Yo	our Codebtors (Official For	m 106H).			

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Fill in the total amount of income you receive activities. If you are filing a joint case and you how to how the work of the w	ved from all jobs and all busi ou have income that you rec		e under Debtor 1.	years?
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions an exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$10419.28	Wages, commissions, bonuses, tips Operating a business	
For last calendar year: (January 1 to December 31, 2017 )  YYYY	Wages, commissions, bonuses, tips Operating a business	\$14253.00	Wages, commissions, bonuses, tips Operating a business	
For the calendar year before that: (January 1 to December 31, 2016)	Wages, commissions,	\$14253.00	Wages, commissions,	
TYYYY  Did you receive any other income during include income regardless of whether that in	ncome is taxable. Examples	of other income are alimony;		
oid you receive any other income during nelude income regardless of whether that in ublic benefit payments; pensions; rental incling a joint case and you have income that	Operating a business  I this year or the two previnceme is taxable. Examples come; interest; dividends; myou received together, list it	of other income are alimony; oney collected from lawsuits only once under Debtor 1.	Operating a business  child support; Social Security; royalties; and gambling and	
Did you receive any other income during include income regardless of whether that include benefit payments; pensions; rental incling a joint case and you have income that dist each source and the gross income from	Operating a business  I this year or the two previnceme is taxable. Examples come; interest; dividends; myou received together, list it	of other income are alimony; oney collected from lawsuits only once under Debtor 1.	Operating a business  child support; Social Security; royalties; and gambling and	
olid you receive any other income during notude income regardless of whether that in ublic benefit payments; pensions; rental incling a joint case and you have income that ist each source and the gross income from	Operating a business  I this year or the two previnceme is taxable. Examples come; interest; dividends; m you received together, list it in each source separately. Do	of other income are alimony; oney collected from lawsuits only once under Debtor 1.	Operating a business  child support; Social Security; royalties; and gambling and listed in line 4.	
id you receive any other income during iclude income regardless of whether that in ublic benefit payments; pensions; rental including a joint case and you have income that sist each source and the gross income from	Operating a business  I this year or the two previnceme is taxable. Examples a come; interest; dividends; m you received together, list it in each source separately. Do  Debtor 1  Sources of income	of other income are alimony; oney collected from lawsuits; only once under Debtor 1.  not include income that you  Gross income from each source (before deductions	Operating a business  child support; Social Security; royalties; and gambling and listed in line 4.  Debtor 2  Sources of income	Gross income from each source (before deductions a
id you receive any other income during aclude income regardless of whether that in ublic benefit payments; pensions; rental incling a joint case and you have income that ist each source and the gross income from No Yes. Fill in the details.	Operating a business  I this year or the two previnceme is taxable. Examples ocome; interest; dividends; m you received together, list it in each source separately. Do  Debtor 1  Sources of income Describe below.	of other income are alimony; oney collected from lawsuits only once under Debtor 1.  not include income that you  Gross income from each source (before deductions and exclusions)	Operating a business  child support; Social Security; royalties; and gambling and listed in line 4.  Debtor 2  Sources of income	Gross income from each source (before deductions a

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Debtor 1 Lilyana Gomez Case number (if known) First Name Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment Dates of payment Total amount paid Amount you still owe for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors Other

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tor 1 Lilyana		Gor	nez	Case number	(if known)
First Name	Middle Name	Last	Name		
Insiders include your re corporations of which y	r a business you operate a	rs; relatives of any g person in control,	general partners; part or owner of 20% or	nerships of which y more of their voting	
	ents to an insider.				
_		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name					
Number Street					
City S	tate Zip Code				
Insider's Name					
Number Street					
City S	tate Zip Code				
insider? Include payments on de	ou filed for bankruptcy, buts guaranteed or cosign ents that benefited an in	ed by an insider.	Total amount paid	Amount you still owe	n account of a debt that benefited an  Reason for this payment
					Include creditor's name
Insider's Name					
Number Street					
City S	tate Zip Code				
Insider's Name					
Number Street					
City S	tate Zip Code				
OIIV 5	iaie ZID COUB				

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Debtor 1 Lilyana Gomez Case number (if known) First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Circuit Court of Cook County, Illinois Credit Acceptance vs Lilyana Gomez Court Name On appeal 5600 Old Orchard Road Case number NumberStreet Concluded 2018-M1-123289 60077 Skokie Illinois City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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Debt	or 1	Lilyana		Gomez	Case number (if known	7)	
		First Name Middle Name		Last Name	<u> </u>	·	
11.		thin 90 days before you filed for bankruptcy, counts or refuse to make a payment because			bank or financial institution,	, set off any amou	nts from your
	<b>✓</b>	No Yes. Fill in the details.					
	_			Describe the action the	ne creditor took	Date action was taken	Amount
		Creditor's Name	_				
		Number Street					
			_	Last 4 digits of account	number: XXXX-		
		City State Zip Code					
		hin 1 year before you filed for bankruptcy, wa cointed receiver, a custodian, or another offic		y of your property in the	possession of an assignee f	or the benefit of o	creditors, a court-
	<b>✓</b>	No					
Part	<u>Ц</u>	Yes List Certain Gifts and Contributions					
ган	J.	List Gertain Girts and Gorid ibutions					
13.	Wi	thin 2 years before you filed for bankruptcy,	did y	ou give any gifts with a	total value of more than \$60	0 per person?	
	<b>✓</b>	No Yes. Fill in the details for each gift.					
		Gifts with a total value of more than \$600 per person		Describe the gifts		Dates you gave the gifts	Value
		Person to Whom You Gave the Gift	<u> </u>				
		Number Street	_				
		City State Zip Code					
		Person's relationship to you					
		Person to Whom You Gave the Gift	<u> </u>				
		Number Street	_				
		City State Zip Code Person's relationship to you					

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Debte		Lilyana		Gomez	Case number (if know	vn)	
		First Name	Middle Name	Last Name			
14.	Wit	hin 2 years before you fil	ed for bankruptcy, did y	you give any gifts or contri	butions with a total value	of more than \$600	to any charity?
	<b>V</b>	No					
	Ħ	Yes. Fill in the details for	r each gift or contributio	n.			
	ш		-				
		Gifts or contributions to that total more than \$6		Describe what you con	tributed	Date you contributed	Value
		that total more than 90	100			Contributed	
		Charity's Name					
		Number Street					
		City State	Zip Code				
		List Ossitalis Lassas					
Part	6:	List Certain Losses					
			d for bankruptcy or sine	ce you filed for bankruptcy	, did you lose anything bed	cause of theft, fire,	other disaster, or
	gan	nbling?					
	<b>V</b>	No					
	Ħ	Yes. Fill in the details.					
	Ш						
		Describe the property y how the loss occurred	ou lost and	Describe any insurance Include the amount that		Date of your loss	Value of property lost
		now the loss occurred		pending insurance claims		1055	1051
				A/B: Property.			
Part	7:	List Certain Payment	s or Transfers				
		No	, p	credit counseling agencies for			
	✓	Yes. Fill in the details.					
				Description and value of	of any property	Date payment	Amount of
				transferred		or transfer was made	payment
		0 11 5					40.00
		Semrad Law Firm Person Who Was Paid		Attorney's Fee - 0.00		7/24/2018	\$0.00
		20 S. Clark Street					
		Number Street					
		28th Floor					
		Chicago Illinois					
		City State	Zip Code				
		F 9					
		Email or website address None					
		Person Who Made the Pa	avment, if Not You				
			•			]	
		Person Who Was Paid					
		i eisoni vviio vvas Paid					
		Number Street					
		City State	Zip Code				
		Only State	Zip Oode				
		Email or website address					
		Person Who Made the Pa					

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Debtor	1 Lilyana	Gomez Ca	se number <i>(if known</i> )	
	First Name Middle Name	Last Name		
h	Ithin 1 year before you filed for bankruptcy, did elp you deal with your creditors or to make pay to not include any payment or transfer that you listed.  No	ments to your creditors?	alf pay or transfer any property to an	yone who promised to
Ē	Yes. Fill in the details.			
_	<b>_</b>	Description and value of any prop transferred	erty Date payment or transfer was made	Amount of payment
	Person Who Was Paid	_		
	Number Street	_		
	City State Zip Code	_		
Ir	ne ordinary course of your business or financial actude both outright transfers and transfers made as not transfers that you have already listed on this state.  No Yes. Fill in the details.	security (such as the granting of a securit	r interest or mortgage on your property)	. Do not include gifts
		Description and value of property transferred	Describe any property or payments received or debts pai in exchange	Date id transfer was made
	Person Who Received Transfer	_		
	Number Street	_		
	City State Zip Code Person's relationship to you	_		
	Person Who Received Transfer	-		
	Number Street	_		
	City State Zip Code Person's relationship to you	_		
b	Ithin 10 years before you filed for bankruptcy, of eneficiary? These are often called asset-protection devices.)	lid you transfer any property to a self-se	ettled trust or similar device of which	ı you are a
	No Yes. Fill in the details.			
L		Description and value of the pro	perty transferred	Date transfer was made
	Name of trust			

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Debtor 1 Lilyana Gomez Case number (if known) First Name Middle Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

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Debtor 1 Lilyana Gomez Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code

City

State

Zip Code

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Deb		Lilyana			Gon		Ca	ase number (i	f known)		
		First Name	N	fiddle Name	Last	Name					
26.	Hav	e you been a party	y in any judici	al or administr	ative procee	ding under	any environme	ental law? In	nclude settlements	s and order	s.
		No Yes. Fill in the det	ails.								
					Court or age	ncy		Nature	of the case		Status of the case
		Case title			Court Name			<u>-</u>			Pending
		Case number			NumberStreet	<u> </u>		-			On appeal
					City	State	Zip Code	-			Concluded
Part	t 11:	Give Details Ab	oout Your Bu	usiness or Co	onnections t	to Any Bu	siness				
27.	With	nin 4 years before	you filed for b	ankruptcy, dic	l you own a b	usiness or	have any of the	e following o	connections to any	y business?	
			a limited liabi	-	-		r activity, either artnership (LLP)	-	part-time		
		_		aging executive the voting or e	-		poration				
	<b>✓</b>	No. None of the a									
		Yes. Check all tha	at apply abov	e and fill in the							
					Describ	e the natu	are of the busir	iess	Employer Identi include Social S		
		Business Name			_				EIN:		
		Number Street			Name o	of account	ant or bookkee	eper	Dates business	existed	
		City	State	Zip Code					From	_To	
					Describ	be the natu	ure of the busir	ness	Employer Identi		
		Business Name							EIN:		
		Number Street			Name o	of account:	ant or bookkee	eper	Dates business	existed	
		City	State	Zip Code	_				From	_To	
					Describ	be the natu	ure of the busir	iess	Employer Identi include Social S		
		Business Name			_				EIN:		
		Number Street			Name o	of account	ant or bookkee	per	Dates business	existed	
		City	State	Zip Code	_				From	_То	

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Debt	tor 1 Lilyana		Gomez	Case number (if known)
	First Name	Middle Name	Last Name	<u> </u>
28.	Within 2 years before you foreditors, or other parties.  No Yes. Fill in the details by		ou give a financial statemen	t to anyone about your business? Include all financial institutions,
			Date issued	
	Name		MM/DD/YYYY	
	Number Street		<del>_</del>	
	City Sta	ate Zip Code	<del>_</del>	
Part	12: Sign Below			
t	true and correct. I understan a bankruptcy case can resul	nd that making a false st It in fines up to \$250,000,	atement, concea <sup>l</sup> ing propert , or imprisonment for up to 2	nts, and I declare under penalty of perjury that the answers are cy, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	/s/ Lilyar	na Gomez		
	Signature of	Debtor I		Signature of Debtor 2
	Date 7/24/2	2018		Date
[ [	No Yes			uals Filing for Bankruptcy (Official Form 107)?
	Did you pay or agree to pay	someone who is not an a	ttorney to help you fill out ba	ankruptcy forms?
[	<b>✓</b> No			
	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice,

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Lilyana		Gomez
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois
			(State)
Case number (If known)			

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Winformation below.	Vho Have Claims Secured by Property (Official Form	n 106D), fill in the
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. Yes.
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. Yes.
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. Yes.

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Debto	r Lilyana		Gomez	Case number (if	
1	First Name	Middle Name	Last Name	known)	
Part 2:	List Your Unexpired F	Personal Property Lease	es		
inform	ation below. Do not list re		leases are leases tha	ry Contracts and Unexpired Leases (Office t are still in effect; the lease period has 1 U.S.C. § 365(p)(2).	
De	escribe your unexpired per	sonal property leases		Will the lease	be assumed?
Le	essor's name:			□ No □ Yes	
	escription of leased operty:				
Le	essor's name:			□ No □ Yes	
	escription of leased operty:				
Le	essor's name:			□ No □ Yes	
	escription of leased operty:				
Le	essor's name:			□ No □ Yes	
	escription of leased operty:				
Le	essor's name:			□ No □ Yes	
	escription of leased operty:				
Le	essor's name:			□ No □ Yes	
	escription of leased operty:				
Le	essor's name:			□ No □ Yes	
	escription of leased operty:				
Part 3	Sign Below				
Und			ny intention about an	y property of my estate that secures a d	ebt and any personal
	/s/ Lilyana Gomez		<b>x</b> _		
	Signature of Debtor 1		Si	ignature of Debtor 2	
ا	Date 7/24/2018 MM/DD/YYYY		D	ate MM/DD/YYYY	

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois	
n re <b>Lilyana Gomez</b> Case No.	
Debtor (I	f known)
ChapterC	hapter 7
DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DI	EBTOR
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptce.	o me, for services
For legal services, I have agreed to accept	\$1,250.00
Prior to the filing of this statement I have received	\$0.00
Balance Due	\$1,250.00
2. The source of the compensation paid to me was:	
Debtor Other (specify)	
3. The source of the compensation paid to me is:	
Debtor Other (specify)	
4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.	
I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.	
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy cas	se, including:
<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether bankruptcy;</li> </ul>	to file a petition in
b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required	,
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned	hearings thereof;
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:	
CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for repredebtor(s) in this bankruptcy proceedings.	esentation of the
7/24/2018 /s/ Mike Miller	
Date Signature of Attorney	
Semrad Law Firm	
Name of law firm	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1.717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$275	total fee
+	\$75	administrative fee
	\$200	filing fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Gomez , Lilyana  Debtor(s)	Case No	Case No			
		Chapter.	Chapter7			
	VERIFICA	TION OF CREDITOR MAT	TRIX			
The nowledge.	e above named Debtors hereby verify the	nat the attached list of creditors is t	rue and correct to the best of their			
ate:	7/24/2018	/s/ Gomez , Lily Gomez , Lilyana Signature of De	a			

CREDITACPT 25505 W 12 MILE RD SOUTHFIELD, MI, 48034

BLITT & GAINES P C 661 GLENN AVE Wheeling, IL, 60090

LVNV FUNDING LLC PO Box 10587 Greenville, SC, 29603

MIDLAND FUNDING PO Box 13105 Roanoke, VA, 24031

Comenity Bank Po Box 182273 Columbus, OH, 43218

MERCHANTS CREDIT GUIDE 223 W JACKSON BLVD # 700 Chicago, IL, 60606

Presence Saints Mary 2233 W Division St Chicago, IL, 60622

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654

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Debtor 1 Lilyana First Name	Middle Name Last N		number (if known)	
	estions for Reporting Purposes	lane		
16. What kind of debts do you have?	16a. Are your debts primarily cor "incurred by an individual primarily No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily bus	marily for a personal, fami siness debts? Business o stment or through the ope	ly, or household purpose."  lebts are debts that you incurred eration of the business or investr	to obtain
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	expenses are paid that funds  No.	Do you estimate that after an	y exempt property is excluded and le to unsecured creditors?	administrative
18. How many creditors do you estimate that you owe?	☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	☐ 25,001-50,00 ☐ 50,001-100,0 ☐ More than 10	000
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 m \$10,000,001-\$50 m \$50,000,001-\$100 \$100,000,001-\$50	million	01-\$10 billion ,001-\$50 billion
20. How much do you estimate your liabilities to be?  Part 7: Sign Below		\$1,000,001-\$10 m \$10,000,001-\$50 m \$50,000,001-\$100 \$100,000,001-\$50	million	01-\$10 billion ,001-\$50 billion
	I have examined this petition, and I	declare under penalty of s	periury that the information prov	ided is true and
For you	correct.  If I have chosen to file under Chapt of title 11, United States Code. I un under Chapter 7.	er 7, I am aware that I may nderstand the relief availab	proceed, if eligible, under Chap ole under each chapter, and I cho	oter 7, 11,12, or 13 cose to proceed
	If no attorney represents me and I cout this document, I have obtained			y to help me fill
	I request relief in accordance with t	he chapter of title 11, Uni	ted States Code, specified in thi	
	I understand making a false statem connection with a bankruptcy case both. 18 U.S.C. §§ 152, 1341, 1519	can result in fines up to \$		
	/s/ Lilyana Gomez Signature of Debtor 1	you seyx	Signature of Debtor 2	
	Executed on 7/24/2018 MM / DD / YA	<u> </u>	Executed onMM / DD / YYY	<u>~</u>

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Fill in this information to identify your case:						
Debtor 1	Lilyana		Gomez			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Sankruptcy Court for the:	Northern	District of Illinois	_		
Case number (If known)			(State)			

### Official Form 106Dec

Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t 1: Sign Below		8
	Did you pay or agree to pay someone who is NOT an attorney to	help you fill out bankruptcy forms?	
	✓ No		
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	
	Under penalty of perjury, I declare that I have read the summary that they are true and correct.	and schedules filed with this declaration and	
4	$\mathcal{A}_{1}$	<b>x</b>	
×	/s/ Lilyana Gomez Signature of Debtor 1	Signature of Debtor 2	
	Date 7/24/2018	Date	
	MM/DD/YYYY	MM/DD/YYYY	

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Debte	or 1 Lilyana			Gomez	Case number (if known)
	First Name	N	iddle Name	Last Name	
		rs before you filed for b other parties.	ankruptcy, did yo	u give a financial state	ement to anyone about your business? Include all financial institutions,
	✓ No Yes. Fill	in the details below.			
				Date issued	
	_	-			<u> </u>
	Name			MM/DD/YYYY	
	Number	04	-	_	
	Numbe	r Street			
	City	State	Zip Code	-	
	— Oity	State	Zip Code		*
Part	12: Sign B	elow			
tr	ue and corre	ect. I understand that m case can result in fines	aking a false stat	tement, concealing pro	hments, and I declare under penalty of perjury that the answers are operty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	•	/s/ Lilyana Gomez Signature of Debtor 1	Lilye	m / /	Signature of Debtor 2
		orginatare or Bobtor 1	()	$\cup$	Date
		Date 7/24/2018			Date
D	id you attacl	additional pages to Yo	our Statement of	Financial Affairs for Ind	lividuals Filing for Bankruptcy (Official Form 107)?
L	7 No				
Ë	Yes				
D	id you pay or	agree to pay someone	who is not an att	orney to help you fill o	ut bankruptcy forms?
L	No				
Ē	Yes. Name	e of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

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otor Lilyana		Gomez	Case number (if
First Name	Middle Name	Last Name	known)
2: List Your Une:	xpired Personal Property Leas	es	
any unexpired persormation below. Do no	nal property lease that you listed in	n Schedule G: Executory	Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
	pired personal property leases		Will the lease be assumed?
	mod percental property reades		Will the lease be assumed.
Lessor's name:			No Yes
Description of leased property:			
Lessor's name:			□ No □ Yes
Description of leased property:			<b>.</b>
Lessor's name:			□ No □ Yes
Description of leased property:			<del></del>
_essor's name:			□ No □ Yes
Description of leased property:			
_essor's name:			□ No □ Yes
Description of leased property:			
_essor's name:			□ No □ Yes
Description of leased property:			<del>_</del>
_essor's name:			□ No □ Yes
Description of leased property:			
3: Sign Below			
Inder penalty of perju	ury, I declare that I have indicated ct to an unexpired lease.	my intention about any	property of my estate that secures a debt and any personal
€ /s/ Lilyana Gome		×	
Signature of Debtor		<u> </u>	nature of Debtor 2
Date 7/24/2018 MM/DD/YYYY	<del>/</del>	Dat	e MM/DD/YYYY

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

Gomez, Lilyana

in re:	Debtor(s)	Case No	·
		Chapter.	Chapter7
	VERIFICA	TION OF CREDITOR MAT	RIX
Th knowledge	ne above named Debtors hereby verify the	nat the attached list of creditors is tr	ue and correct to the best of their
Date:	7/24/2018	/s/ Gomez,Lilya Gomez,Lilyana Signature of Deb	The same of the sa

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Debtor 1 L		×	Gomez		Case number	(if known)			
F	First Name	Middle Name	Last Name						
					Column A Debtor 1		Column B Debtor 2 or non-filing spou	ıse	
8.Unemp	loyment compensation				\$0.00		non ning opoc		
Do not	enter the amount if you	contend that the amou	nt received was a bene	efit	<u> </u>				
	he Social Security Act. Ins	stead, list it nere:	Φ0.00						
For you	ır spouse		<u>\$0.00</u> \$0.00						
i oi you	ii spouse		\$0.00						
	n or retirement income under the Social Security		mount received that wa	as a	\$0.00				
amount paymen internati	ne from all other source t. Do not include any ben nts received as a victim of ional or domestic terroris and put the total below.	refits received under the a war crime, a crime a	e Social Security Act or gainst humanity, or					æ	
Other C	Sovernment Assistance				\$493.00				
Total an	mounts from separate page	ges, if any.		1	+\$0.00	л г	+	=	
	ılate your total current	monthly income. Add	l lines 2 through 10 fc	or	\$2,010.22	+		=	\$2,010.22
each colun	nn. Then add the total fo	r Column A to the total	for Column B.			] [	-		
									Total current
Part 2: D	Determine Whether t	ho Moone Tost An	nlies to Vou						monthly income
The second second									
	ate your current month		Control of the supplication of the control of the c						
12a. CC	opy your total current mo	nunly income from line				Copy line	11 here →		\$2,010.22
M	ultiply by 12 (the numbe	r of months in a year).							X 12
12b. Th	ne result is your annual in	come for this part of th	ie form.					12b.	\$24,122.64
13 Calcula	ate the median family i	ncome that applies to	you. Follow these st	eps:					
Till in Ab	a akaka ba wilatah wawi Bosa		Illinois						
riii in th	ne state in which you live.	in the second se							
Fill in th	ne number of people in yo	our household.	3						
Fill in th househ	ne median family income old.	for your state and size	of					13.	\$80,233.00
	a list of applicable media ions for this form. This lis				separate				
	o the lines compare?	,		112 2111221					
142 🗔	I line 12h is less than o	r agual to line 13. On t	he top of page 1, char	ok box 1 Thor	o is no prosumet	ion of abi	160		
144.	Line 12b is less than o Go to Part 3.	r equal to line 13. On t	ne top of page 1, chec	ck box 1, Ther	e is no presumpt	ion or abt	156.		
14b.	Line 12b is more than Go to Part 3 and fill ou	line 13. On the top of at Form 122A-2.	page 1, check box 2,	The presumpt	on of abuse is de	etermined	by Form 122A-	2.	
Part 3: S	Sign Below								
By sig	ning here, I declare unde	r penalty of perjury that	the information on th	is statement a	nd in any attachn	nents is tr	ue and correct.		
		- ·	4						
٠. مه		A 11	5(1-	40					
	s/ Lilyana Gomez	delle		*					
Sig	nature of Debtor 1			Signatu	re of Debtor 2				
Da	te 7/24/2018			. Date 7	/24/2018				
Da	MM/DD/YYYY			-	MM/DD/YYYY				

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

In re	Lilyana Gomez		Case No.	
	Debtor	3		(If known)
			Chapter	Chapter 7
	DISCLOSURE OF	COMPENSATION	OF ATTORNEY F	OR DEBTOR
comp	ensation paid to me within or	ne year before the filing of the pe	that I am the attorney for the abo etition in bankruptcy, or agreed to ion of or in connection w ith the I	be paid to me, for services
For le	egal services, I have agreed to	accept		\$1,250.00
Prior	to the filing of this statement	I have received		\$0.00
Balan	nce Due			\$1,250.00
2. The s	source of the compensation pa	aid to me was:		
	Debtor	Other (specify)		
3. The s	source of the compensation pa	aid to me is:		
	Debtor	Other (specify)		
4. 🔽 I	have not agreed to share the a	above-disclosed compensation / law firm.	with any other person unless the	y are
<b></b>		aw firm. A copy of the agreemen	a other person or persons who a at, together with a list of the name	
5. In ret	urn for the above-disclosed fe	ee, I have agreed to render legal s	service for all aspects of the bank	ruptcy case, including:
6	<ul> <li>Analysis of the debtor's final bankruptcy;</li> </ul>	ancial situation, and rendering a	dvice to the debtor in determining	g whether to file a petition in
k	o. Preparation and filing of an	y petition, schedules, statement	s of affairs and plan which may b	e required;
(	c. Representation of the debte	or at the meeting of creditors and	d confirmation hearing, and any a	djourned hearings thereof;
6. By ag	greement with the debtor(s), th	e above-disclosed fee does not	include the following services:	
		CERTIFICA	TION	
	that the foregoing is a comp this bankruptcy proceedings		or arrangement for payment to m	ne for representation of the
	7/24/2018		/s/ Mike Miller	
	Date		Signature of Attorney	-
			Semrad Law Firm	
			Name of law firm	



### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1,250.00 attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00 Motion to Reopen \$350.00 + court costs

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either.

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and

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Lilyana Gomez

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meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 07/24/2018

Client

Attorney \_\_\_\_\_